

Postpartum Depression (PPD) Regulations

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Ron Benham, Director, Bureau of Family Health & Nutrition, Title V
Karin Downs, Director, MCH, Division of Pregnancy, Infancy & Early Childhood
Beth Buxton, Program Director, PPD Initiatives, EIPP, MMMMRC

Prevalence of PPD

- 13% -19% of all new mothers experience this significant, clinical condition
- Mother experiences major depressive episodes
- Lasting two weeks to two years after birth



Births in MA in 2012: 72,459 13% = 9,420 mothers to 19% = 13,767 mothers

Massachusetts PPD Legislation (2010)



- An Act Relative to Post Partum Depression (PPD): Chapter 313 of the Acts of 2010 was signed into law by Governor Deval Patrick on August 19, 2010.
- Law established a PPD Legislative Commission led by Representative Ellen Story
- Law authorizes DPH to:
 - develop a culture of awareness, de-stigmatization, and screening for perinatal depression,
 - draft standards for effective PPD screen and recommendations for data reporting, and
 - issue regulations requiring reporting of PPD₃ screening data

Drafting PPD Regulations

- DPH “shall issue regulations that require providers and carriers to annually submit data on screening for postpartum depression.”
 - An Act Relative to PPD
- The PPD Legislative Implementation Working Group sought to identify a mechanism that would be:
 - Least burdensome to providers & carriers by using claims data
 - Provide useful data

Public Comments Period

- On May 14, 2014, DPH conducted an informational presentation on the proposed PPD regulations to the PHC
- A public hearing was held on July 8, 2014 where the following two individuals offered oral testimony:
 - Representative Ellen Story who related “strong support” for the proposed regulations
 - Elizabeth Fluet, Esq. representing MAHP who related that MAHP supports the proposed regulations and “opposes any expansion of the subset of providers who will be reporting to health plans through claims submission,” specifically pediatricians

Public Comments Period

- DPH received four written comments from the following:
 - Samantha Kelly, representing MAPA, urged DPH to expand the subset of providers to include Nurse Practitioners and Physician Assistants
 - Karen Crowley, DPN, testified in her individual capacity urging DPH to expand the subset of providers to include Nurse Practitioners
 - Deborah Wachenheim, a sister of someone who took her own life after struggling with postpartum mood disorder, urged DPH to expand subset of providers to include pediatricians and to expand the timeframe for reporting from 6 months postpartum to 12 months postpartum
 - Ronna Wallace, representing ACOG, who urged DPH to not mandate data reporting on PPD screening

Revision of “Provider” Definition

- DPH broadened the definition of “provider” based on comments received to include Physician Assistants and Nurse Practitioners who can function as “primary care providers.” The definition already included OBGYN, Nurse Midwives, and Family Practitioners.
- Pediatricians are not included in the PPD regulations as there is not a system of training, support, clinical guidance, technical assistance nor business systems for recording and reporting by a child health care providers for services to an adult patient.

Revision to “Carrier” Definition

- **The revised definition for “carrier” is more explicit in that the data reporting requirements apply to:**
 - “an insurer licensed or otherwise authorized to transact accident or health insurance under chapter 175; a nonprofit hospital service corporation organized under chapter 176A; a nonprofit medical service corporation organized under chapter 176B; a health maintenance organization organized under chapter 176G; and an organization entering into a preferred provider arrangement under chapter 176I”
- **The data reporting requirements do not apply to the following categories of carriers:**
 - “an employer purchasing coverage or acting on behalf of its employees or the employees of 1 or more subsidiaries or affiliated corporations of the employer”
 - “any entity to the extent it offers a policy, certificate or contract that provides coverage solely for dental care services or vision care services” unless otherwise noted

No Revision to Timeframe

- The timeframe of 6 months postpartum specified in the PPD regulations represents a compromise with health care providers to reduce the level of burden
- And DPH is cognizant of the fact that the legislature has not mandated reimbursement to health care providers for the provision of PPD screening